



C-29-3

RECEIVED

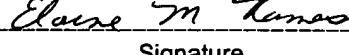
SEP 04 2003

TECH CENTER 1600/2900
Approved for use through

PTO/SB/31 (02-01)

TECH CENTRAL Approved for use through 10/31/2002. OMB 0651-0331
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | | | | | | |
|---|---------------------|---|----------------------------------|---------------------|----------------------------------|--|------------------------|---------------------|
| NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES | | Docket Number (Optional) 2522 US2P | | | | | | |
| <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Express Mail in an envelope addressed to "Assistant Commissioner for Patents, Washington D.C. 20231" on <u>8/28/03</u>.</p> <p>Signature <u>Gail Winokur</u></p> <p>Typed or printed Gail Winokur name _____</p> <p>Express Mail Label # EV 310941908 US</p> | | <p>In re Application of Toshihiro Shimizu</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number 10/017,755</td> <td style="width: 50%;">Filed 10/30/2001</td> </tr> <tr> <td colspan="2" style="text-align: center; padding: 5px;">For Orally Disintegrable Tablets</td> </tr> <tr> <td style="width: 50%;">Group Art Unit 1615</td> <td style="width: 50%;">Examiner S. Tran</td> </tr> </table> | Application Number 10/017,755 | Filed 10/30/2001 | For Orally Disintegrable Tablets | | Group Art Unit 1615 | Examiner S. Tran |
| Application Number 10/017,755 | Filed 10/30/2001 | | | | | | | |
| For Orally Disintegrable Tablets | | | | | | | | |
| Group Art Unit 1615 | Examiner S. Tran | | | | | | | |
| <p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> | | | | | | | | |
| The fee for this Notice of Appeal is (37 CFR 1.17(b)) | | \$ <u>320.00</u> | | | | | | |
| <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 500799 . I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> | | | | | | | | |
| <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> | | | | | | | | |
| <p>I am the</p> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input type="checkbox"/> attorney or agent of record.</p> <p><input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). <u>43,032</u></p> | | | | | | | | |
|  Signature | | <u>Elaine M. Ramesh</u> Typed or printed name | | | | | | |
| <u>8/28/03</u> Date | | | | | | | | |
| <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input type="checkbox"/> *Total of _____ forms are submitted.</p> | | | | | | | | |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Burden Hour Statement: This form is estimated to take 0.2 h.

the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

09/02/2003 HDEMESS1 00000076 500799 10017755

01 FC:1401 320.00 DA